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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/582,392			ing Date 28/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A			N/A			N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A	
TO ⁻ (37	ΓAL CLAIMS CFR 1.16(i))		mir	minus 20 = *				x \$ =		OR	x \$ =	
IND	EPENDENT CLAIM CFR 1.16(h))	1S	m	minus 3 =		*		x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	she is \$	If the specification and c sheets of paper, the app is \$250 (\$125 for small of additional 50 sheets or f 35 U.S.C. 41(a)(1)(G) a			oplication size fee due I entity) for each fraction thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If t	the difference in col	r "0" in colur		TOTAL			TOTAL					
APPLICATION AS AMENDED – PART II OTHER T (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL E											ER THAN ALL ENTITY	
AMENDMENT	09/08/2009	CLAIMS REMAINING AFTER AMENDMENT	г	HIGHEST NUMBER PREVIOU PAID FOR	JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 70	Minus	** 70		= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	* 10	Minus	***3		= 7		x \$ =		OR	X \$220=	1540
	Application Size Fee (37 CFR 1.16(s))											
′	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	1540
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN ^T		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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